# StormReady TsunamiReady

Community Information						
County/City/To	own			Population		
Primary Point of Contact			Secondary	Point of Contact	ct	
Name			Name			
Office			Office			
Title			Title			
Mailing Address			Mailing Address			
City			City			
State; ZIP			State; ZIP			
Phone			Phone			
e-mail			e-mail			
Guideline 1:		Commu	nications			
Location of 24	l-Hour	Warning Point	Location of	Emergency O	perations Co	enter
Verification Team (	Verification Team General Notes:					
Renewal Commen	ts:					
				Da	te:	Initials:
Note: Please d	o not v	vrite in shaded areas.				



□ NOAA Weather Wire (Subscription)       □ NOAA Weather Wire (Subscription)         □ EMWIN       □ EMWIN         □ Law Enforcement Teletype (LETS)       □ Law Enforcement Teletype (LETS)	erif					
□ NOAA Weather Wire (Subscription)       □ NOAA Weather Wire (Subscription)         □ EMWIN       □ EMWIN         □ Law Enforcement Teletype (LETS)       □ Law Enforcement Teletype (LETS)						
□ EMWIN     □ EMWIN       □ Law Enforcement Teletype (LETS)     □ Law Enforcement Teletype (LETS)						
□ Law Enforcement Teletype (LETS) □ □ Law Enforcement Teletype (LETS) □						
☐ Amateur Radio ☐ ☐ Amateur Radio ☐						
□ Pagers* (Warning reception) □ □ Pagers* (Warning reception) □						
□ Television (Local network or cable TV) □ □ Television (Local network or Cable TV)						
□ Radio (AM/FM) - EAS reception □ □ Radio (AM/FM) - EAS Reception □						
□ NAWAS □ NAWAS □						
☐ Internet (Subscription for alerts) ☐ ☐ Internet (Subscription for alerts)						
□ Commercial Data Service □ □ Commercial Data □						
□ Other* □ □						
□ Other* □ □						
List any additional capabilities on a separate sheet						
*Capabilities needing explanation:						
Verification Team Notes:						
Pengual Comments:						
Renewal Comments:						
Date						
Note: Please do not write in shaded areas.						



Guideline 3: Local Weather & Water Monitoring Equipment					
Warning Point # Required # Verif	Verif	<b>EOC</b> # Required # Verif	Verif		
☐ Anemometer (Wind gauge)		☐ Anemometer (Wind gauge)			
☐ Rain Gauge		☐ Rain Gauge			
☐ River Gauge		☐ River Gauge			
☐ Locally owned Radar		☐ Locally owned Radar			
☐ Internet Radar Source		□ Internet Radar Source			
☐ Internet Weather Station		☐ Internet Weather Station			
☐ TV Radar Source		☐ TV Radar Source			
□ Other*		□ Other*			
Other*		□ Other*			
	capabili	ities on a separate sheet			
Verification Team Notes:					
Renewal Comments:					
		<u>Date:</u> <u>Initials:</u>			
Note: Please do not write in shaded areas.					



Guideline 4: Local Warning Dissemination						
Warning Point # Required # Verif	Verif	EOC # Required # Verif	Verif			
☐ Outdoor Warning Siren(s)		☐ Outdoor Warning Siren(s)				
□ Cable TV Override		□ Cable TV Override				
□ Plan for Sirens on Emergency Vehicles		☐ Plan for Sirens on Emergency Vehicles				
□ Local Alert Broadcast System*		□ Local Alert Broadcast System*				
□ Local Pager System* (For dissemination)		☐ Local Pager System* (For dissemination)				
☐ Telephone Tree to Critical Facilities		☐ Telephone Tree to Critical Facilities*				
☐ Coordinated Area-Wide Radio Network*		☐ Coordinated Area-Wide Radio Network*				
□ Local Flood Warning System*		□ Local Flood Warning System*				
Other*		☐ Other*				
□ Other*		Other*				
List any additional capabilities on a separate sheet						
*Capabilities needing explanation:						
<u>Verification Team Notes:</u>						
Renewal Comments:						
<u>Date:</u> <u>Initials:</u>						
Note: Please do not write in shaded areas.						

## StormReady TsunamiReady

Local Government-Owned Buildings in Which Public Traffic is Common					
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Con	nments
Warning Point					
EOC					
City Hall					
School Superintendent					
Verification Team Notes:					
Renewal Comments:					
				Date:	Initials:
Note: Please do not write in sha	ded areas				



Guideline 5: Community Preparedness						
		Annual Sa	fety Talks # Required_	# Verif		
	Date Topic Location Spea					
1						
2	2					
3	3					
4						
5						
		List any additional safety to	alks on a separate sheet	•		
Community Tsunami Awareness Program Verif						
	Designate/establi	sh tsunami shelter/area in safe zone.				
	Designate tsunan	ni evacuation areas and evacuation routes,	and install evacuation route sign	IS.		
	Provide written, lo	ocally specific tsunami hazard response ma	aterial to public.			
☐ Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students.						
Number of annual tsunami awareness campaigns:						
	Weather Radio Purchase Program					
Ha:	Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes No					
If ye	If yes, provide details:					
	Other Community Preparedness Activities					
	Date	Activity	Location	Organize	r	
1						
2						
3	3					
List any additional activities on a separate sheet						
Renewal Comments:						
				Date: Initia	als:	
Note: Please do not write in shaded areas.						

# StormReady TsunamiReady

Guideline 6: Administrative Tools/Record Kee	ping		Verif	Renewal		
Formal Tsunami Hazard and Hazardous Weather Operations Plan  Procedure for reporting storm/tsunami damage to the local National Weather Service Office in real-time				□ Yes □ Yes		
< EOC Activation Procedures		Yes Yes		□ Yes □ Yes		
<ul><li>Spotter Activation Criteria</li><li>Local Warning System(s) Activation Criteria</li></ul>		Yes Yes		□ Yes		
Warning Point personnel has authority to activate Warning Sys	stem (written)	Yes		☐ Yes		
Spotter Roster and Training Record		Yes		□ Yes		
Last Visit by Emergency Manager to NWS Office			☐ Biennial			
Last Visit by NWS Officials to Community			☐ Annual			
Last NWS Spotter Training for Spotters and Dispatchers			☐ Biennial			
Last NWS Spotter Training Hosted/Co-Hosted (For populations	s >40,000)		☐ Annual			
Exercises Topic(s):	Dat	te:		Date:		
List any additional descriptions, narratives, or documentation on a separate sheet						
<u>Verification Team Notes:</u>						
Renewal Comments:						
		Date:	<u>Ini</u>	itials:		
Signature of Applying Official						
Application Submitted by (print name):						
Office:	<u>Title:</u>					
Signature: Date:						
NWS Personnel Receiving Application (print name):	NWS Personnel Receiving Application (print name):					
Date Received:						
Note: Please do not write in shaded areas.						



Site Verification Team Signatures				
Print Name:				
Office:	Title:			
Signature:	<u>Date:</u>			
Print Name:				
Office:	Title:			
Signature:	Date:			
Print Name:				
Office:	Title:			
Signature:	<u>Date:</u>			
Print Name:				
Office:	Title:			
Signature:	<u>Date:</u>			
Signature in Renew	al Year			
Application Submitted by: (print name):				
Office:	Title:			
Signature:	<u>Date:</u>			
NWS Personnel Receiving Application (print name):				
Date Received:				